



Privileges in APP OPTOMETRY PRIVILEGES

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. To have **Administration of Sedation** privileges you must complete LPCH APP Sedation Privilege form (contact your medical staff coordinator for the form)
6. As the Supervising Physician I have reviewed and agree to the Physician Assistant Practice Agreement by signing this privilege form. The Physician Assistant Practice Agreement can be found [here](#).

Required Qualifications

| | |
|--|---|
| Education/Training | Successful completion of a professional optometric degree program leading to an OD. The program must be accredited by the Accreditation Council on Optometric Education (ACOE). AND Possession of a valid Therapeutic Pharmaceutical Agent (TPA) Certificate |
| Licensure (Initial and Reappointment) | Valid California state license to practice optometry |
| FPPE | FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS |

Core Privileges

Qualifications

Renewal Criteria Minimum 100 cases required during the past 2 years

| Request | <p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p> | Supervising Physician Rec | Service Chief Rec |
|---------|--|---------------------------------|-------------------------|
| | Independently examine, diagnose, treat, and manage common ocular conditions, diseases, and injuries as specified by the state board of optometric practice. Appropriate consultation will be sought when needed. | | |
| | Core privileges in optometry include but are not limited to the following: | | |
| | Perform primary care examinations, including refraction | | |
| | Diagnose vision problems and eye diseases | | |
| | Test patients' visual acuity, depth and color perception, and ability to focus and coordinate their eyes | | |
| | Analyze test results and develop a treatment plan | | |
| | Provide pre- and postoperative care to cataract patients as well as those who have had laser vision correction or other eye surgery | | |
| | Provide emergency eye care services | | |
| | Diagnose conditions due to systemic diseases such as diabetes and high blood pressure, referring patients to other health practitioners as needed | | |
| | Administer topical ocular drugs for diagnostic and therapeutic purposes | | |

FPPE

- Core - (Chart Reviews)
- Core - (Direct Observations)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of a physician, and that I wish to exercise at Lucile Packard Children's Hospital.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

Also attest that I will adhere to the guidelines of the LPCH Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

| Privilege | Condition/Modification/Deletion/Explanation |
|-----------|---|
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| Service Chief Recommendation - FPPE Requirements |
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Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date

Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date